24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)					PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTE Mississippi Cor					FEC IDENTIFICATION NUMBER ▼	
Mississippi Coi	36i valive3				C C00554774	
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payer Greenwood	e Commonwealth			Date	e of Public Distribution/Dissemination	
Mailing Address Po	O Box 8050			Amo	06 22 2014 ount	
City Geenwood		State MS	Zip Code 38935	Tra	1251.30 nsaction ID : SE.4464	
Purpose of Expend Newspaper Adverti			Category/ Type 004	Date	e of Disbursement or Obligation 06 20 2014	
Name of Federal C	andidate		Support Oppose	Office Sou		
Calendar Year-	-To-Date or Office Sought		67555.79	Disburseme		
Full Name of Payer Greenwood C	e Commonwealth				te of Public Distribution/Dissemination 06 22 2014	
Mailing Address	PO Box 8050			Am	ount	
City Geenwood		State MS	Zip Code 38935		2226.95 asaction ID : SE.4465 te of Disbursement or Obligation	
Purpose of Expend Newspaper Advert			Category/ Type 004		06 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal C	andidate		Support Oppose	Office Sou	ight: House District:	
Calendar Year Per Election fo	-To-Date or Office Sought		69782.74	Disbursem 2014	nent For:	
(a) SUBTOTAL of It	temized Independent Expendi	tures		• <u> </u>	3478.25	
(b) SUBTOTAL of Unitemized Independent Expenditures					7 7 7	
(c) TOTAL Independ	dent Expenditures			·· •	7 7 7 7	
with, or at the reque	, , , , , , , , , , , , , , , , , , , ,	didate or authorized			n cooperation, consultation, or concert (if the reporting entity is not a political	
Mr. Brid	an Perry	[Electron	nically Filed] Date	e 06	20 / 2014	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	BITOTIES	PAGE 2 OF 2 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼				
Mississippi Conservatives	C	C00554774				
Check if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee	Date of Public	c Distribution/Dissemination				
MS Press Services	06	20 / 2014				
Mailing Address 371 Edgewood Terrace	Amount					
City State	Zip Code	17342.99				
Jackson MS	39206 Transaction Date of Disbu	D: SE.4466 ursement or Obligation				
Purpose of Expenditure Newspaper Advertising	Category/ Type 004 06	20 / 2014				
Name of Federal Candidate	Support Office Sought:	House District:				
Mr. Christopher Brian McDaniel		Senate State: MS				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ► Runoff				
Full Name of Payee	Date of Publi	c Distribution/Dissemination				
Push Digital	M 06	20 / 2014				
Mailing Address PO Box 7431	Amount					
City State	Zip Code	30000.00				
Columbia SC	29202 Transaction II Date of Disbu	D: SE.4467 ursement or Obligation				
Purpose of Expenditure Online Digital Advertsing	Category/ Type 004 06 06	20 / 2014				
Name of Federal Candidate	Support Office Sought:	House District:				
Mr. Christopher Brian McDaniel		Senate State: MS				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (sp	Primary General Decify) ► Runoff				
(a) SUBTOTAL of Itemized Independent Expenditures		47342.99				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(a) Cobronia of Chinomizod Mooperidonic Experioritation	<u> </u>					
(c) TOTAL Independent Expenditures	······	50821.24				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	ronically Filed] Date 06 20	2014				
Signature						